

# INVESTMENT ADVISER QUARTERLY REPORT OF POLITICAL CONTRIBUTIONS

**Firm Name:** \_\_\_\_\_

**Report Period:** \_\_\_\_\_

**I. POLITICAL CONTRIBUTIONS made to State Official(s) (please identify each recipient and all contributors separately)**

Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if exemption (1) applies to this contribution:  Section (c), (ii) _____
Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if exemption (1) applies to this contribution:  Section (c), (ii) _____
Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if exemption (1) applies to this contribution:  Section (c), (ii) _____
(1) Refer to Policy Concerning Political Contributions and Prohibitions on Investment Management Business for description of exemptions		

**II. PAYMENTS made to a Political Party or Political Action Committee organized in the State of New Hampshire**

Name (including city/county/state or other political subdivision) of Political party/PAC: _____ _____ _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if exemption (1) applies to this contribution:  Section (c), (iii) _____
Name (including city/county/state or other political subdivision) of Political party/PAC: _____ _____ _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if exemption (1) applies to this contribution:  Section (c), (iii) _____
Name (including city/county/state or other political subdivision) of Political party/PAC: _____ _____ _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if exemption (1) applies to this contribution:  Section (c), (iii) _____
(1) Refer to Policy Concerning Political Contributions and Prohibitions on Investment Management Business for description of exemptions		

**III. THIRD PARTY SOLICITORS** (please complete Attachment to Report of Political Contributions for each Third Party Solicitor listed)

**Names of Third Party Solicitor(s) representing Investment adviser:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please submit with Attachments, if applicable, to:**

**New Hampshire Retirement System  
54 Regional Drive  
Concord, New Hampshire 03301  
Attention: Douglas Smith, Internal Auditor**

**ATTACHMENT TO REPORT OF POLITICAL CONTRIBUTIONS**

**(Please complete for each Third Party Solicitor listed under section III in Report of Political Contributions)**

**Name of Third Party Solicitor ("Solicitor"):** \_\_\_\_\_

**Solicitor's Business Address:** \_\_\_\_\_

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**Services provided by Solicitor to Adviser:** \_\_\_\_\_

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**Compensation Arrangement with Solicitor:**

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**Total Dollar Amount Paid to Solicitor by Adviser During Reporting Period: \$**\_\_\_\_\_